

REDACTED – FOR PUBLIC INSPECTION

In the Matter of Interstate Inmate Calling Services  
WC Docket No. 12-375  
Annual Reporting Form

FCC Form 2301(a)

OMB Control No. 3060-1222

**Instructions:** Please read this form carefully before completing. This form is to be completed by an officer of each provider of inmate calling services (ICS). If the provider seeks confidential treatment of any information, consistent with our rules and the Protective Order in place in this proceeding, it should identify the specific information which it claims is subject to confidential treatment.

**I. Basic Information**

<b>1. Provider Name:</b> Prodigy Solutions, Inc.	<b>2. Reporting Period:</b> January 01, 2017 - December 31, 2017
<b>3. Officer Name, Title:</b> ,	
<b>4. Officer Telephone Number:</b>	<b>5. Officer E-Mail Address:</b>
<b>6. Total Number of Correctional Facilities Served by Provider:</b>	
<b>7. Number of Prisons Served by Provider:</b>	
<b>8. Number of Jails Served by Provider with Average Daily Population (ADP) of 0-350:</b>	
<b>9. Number of Jails Served by Provider with ADP of 350-999:</b>	
<b>10. Number of Jails Served by Provider with ADP of 1000 or more:</b>	



- 4. In this space, please list all per-minute interstate rates that are different from the provider's average Interstate Rate (see Section II, Column 6):**

III. Ancillary Service Charges

Facility Name	Facility Type	ADP (for jails)	List of Ancillary Service Fees (types)	Charge for Each Ancillary Service	Number of Times Fee has been Charged

#### IV. Variable Site Commission Payments

[illegible]

[illegible]

VI. Video Calling Services

Facility Name	Facility Type	ADP (for jails)	Total Video Calling Minutes of Use	Per-Minute Rate for Video Calling	List of Ancillary Service Fees (types)	Charge for Each Ancillary Service	Number of Times Fee has been Charged

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Facility Name	Facility Type	ADP (for jails)	Number of Disability-Related Calls	Number of Problems Experienced with Disability-Related Calls	List of Ancillary Service Fees (types)	Charge for Each Ancillary Service	Number of Times Fee has been Charged

VII. Disability Access

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[illegible]

We have estimated that each response to this collection of information will take 60 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1222), Washington, DC 20554. We will also accept your

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comments via the Internet if you send them to [pra@fec.gov](mailto:pra@fec.gov). Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1222.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507**

FCC Form 2301(b)		Estimated Time Per Response: 5 Hours
Inmate Calling Services Annual Certification Form		
Please Read Instructions Before Completing (To Be Completed by Service Provider)		

1. Name of Service Provider Prodigy Solutions, Inc.		2. Reporting Year 2017
3. Officer Name, Title		
4. Mailing Address of Officer Street Address		
City		
State		
Zip Code		
5. Telephone Number		
6. Email Address		
Block 2: Certification		
<p>The chief executive officer (CEO), chief financial officer (CFO), or other senior executive with first-hand knowledge of the accuracy and completeness of the information provided must certify as follows:</p> <p>I swear under penalty of perjury that:</p> <p>(v) I, (name and title), am an officer of the above-named service provider and am authorized to submit the attached Annual Reports on behalf of the service provider;</p> <p>(vi) I have examined the attached Annual Reporting Forms and all requested information has been provided;</p> <p>(vii) Based on information known to me, or provided to me by employees responsible for the data being submitted, all statements of fact, as well as all data, are true and accurate; and</p> <p>(viii) The above-named service provider is in compliance with the Federal Communications Commission's rules governing inmate calling services (ICS). I acknowledge that failure to comply with the rules governing ICS may result in civil or criminal prosecution.</p>		
9. Signature of Authorized Person		10. Date
11. Printed name of Authorized Person		

## FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1222), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1222.

## THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 35